Roadside Testing: Current Practices, Challenges For Policymakers, and Innovations

Bill O’Leary, Highway Safety Specialist, National Highway Traffic Safety Administration, U.S. Department of Transportation

Curt Harper, Chief Toxicologist, Alabama Department of Forensic Sciences

Moderator: Tara Kelley-Baker, Data and Information Group Leader, AAA Foundation for Traffic Safety
Until Now, Drug Problems in US Were Addressed by Individual Agencies

- Law Enforcement
- Government
- Highway Safety
- Prevention
- Treatment
- Toxicology
- Prosecution, Drug Courts
- Legislation
- State Medical Boards/Orgs
Three Key Aspects to the DRE Program

- Enforcement
- Toxicology
- Prosecution
- JOLs?
The DRE Twelve-Step Process:

- Breath test
- Interview of officer
- Preliminary examination, 1st pulse
- Eye Examinations
- Divided attention tests
- Vital signs, 2nd pulse
- Dark room exam
- Muscle tone, 3rd pulse
- Injection sites
- Suspect statements
- Opinion of the evaluator
- Toxicology verification
Drug Evaluation and Classification Program (DECP) States by Year
Number of Drug Recognition Experts (DREs) per State

Year Admitted
DREs per State

* LAPD DRE program - 1080
As of December 2016
State Coordinator Responsibilities are Growing and Becoming More Complex

- Understanding all of the national standards
- Responsible for initial training and re-certifications
- Must have a strong rapport with Superintendents, Colonels, Sheriffs and Chiefs
- Has to be aware of changing landscape as it relates to training, science, and daunting administrative requirements
- Has to understand the role of other players in the program (TSRP’s, Toxicologists, JOL’s)
- Has to understand the legal ramifications of cases and how they have state/national implications
Leading Drug Per State / 2003-2012

Source: Sobriety Testing Resource Center

54%
59%
55%
36%
Leading Drug Per State / 2013-2014

Source: Sobriety Testing Resource Center
How Do You Want Your State to Be Viewed
Vermont’s Example of DRE Oversight Committee

- Agency Coordinator
- Chief’s Representative
- DPS Laboratory
- GHSP
- Health Representative (MD)
- NHTSA or “At Large” Appointed Representative
- Traffic Safety Resource Prosecutor
- Training / Regional Coordinator
- VCJTC
- Sheriff’s Representative
- State DRE Coordinator
Massachusetts formed a Special Commission on Operating Under the Influence and Impaired Driving

Among other recommendations, the commission unanimously recommended:

• The Special Commission, or a similar commission, should be continued. It should meet regularly to study, review, and evaluate the reliability of oral fluid and other testing.

• The commonwealth should increase its DRE strength to 351 credentialed officers.

• Officers trained through the Municipal Police Training Committee should be trained in ARIDE, with the cost coming from the Marijuana Regulation Fund.

• The Commonwealth should add a drug impaired driving module to the drivers’ education curriculum.

• The Commonwealth should continue to develop and fund public awareness and education campaigns outlining the dangers of impaired driving, in addition to the safe and responsible use of cannabis.

• The Commonwealth should add a drug impaired driving module to the drivers’ education curriculum.
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5 years (2013-2017)
6,355 blood tests
81,039 breath tests

DUI – Traffic Stops
SFSTs always first!!

DUI – Traffic Crashes
Involving Serious Injury/Deaths

<0.08% (75%)
[77% drug prev.]
>0.08% (25%)
[50% drug prev.]

<0.08%,
Suspected DUI/D

<0.08% (14%)
[77% drug prev.]
>0.08% (86%)
[50% drug prev.]

10% of <0.08%
1,135/11,345

2018 Curt Harper (ADFS) & Charity Buggs (UAB)
## AL DUI Drug Trends (5 years: 2013-2017)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Negative</th>
<th>0.01-0.079%</th>
<th>0.08-0.149%</th>
<th>&gt;0.15%</th>
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<tr>
<td>Alprazolam</td>
<td>27</td>
<td>21</td>
<td>10</td>
<td>6</td>
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<tr>
<td>Carboxy-THC</td>
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<td>27</td>
<td>20</td>
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<td>Amphetamine</td>
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<td>Methamphetamine</td>
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<td>Hydrocodone</td>
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<td>Delta-9-THC</td>
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<td>21</td>
<td>14</td>
<td>9</td>
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<tr>
<td>11-Hydroxy-THC</td>
<td>10</td>
<td>15</td>
<td>10</td>
<td>9</td>
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<td>Nordiazepam</td>
<td>9</td>
<td>9</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Clonazepam</td>
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<tr>
<td>Diazepam</td>
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<td>7</td>
<td>4</td>
<td>3</td>
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<tr>
<td>Oxycodone</td>
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<td>3</td>
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<tr>
<td>Morphine</td>
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<td>4</td>
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<tr>
<td>Meprobamate</td>
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<tr>
<td>Benzoylcegonine</td>
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<td>11</td>
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<td>Cocaine</td>
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<td>Methadone</td>
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<td>Carisoprodol</td>
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<tr>
<td>Zolpidem</td>
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<td>3</td>
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</tr>
</tbody>
</table>

*2018 Curt Harper (ADFS) & Charity Buggs (UAB Thesis Student)*
SOFT/AAFS Oral Fluid Ad Hoc Committee

Members

• Christine Moore (Chair)
• Curt Harper (Vice Chair)
• Marilyn Huestis
• Timothy Rohrig
• Jarrad Wagner
• Madeleine Swortwood
• Luke Rodda
• Chares LoDico
• Mandi Mohr
• Kristen Burke
• Nathalie Desrosiers

Documents

• OF FAQ Document 2.0 (*NEW*)
  • Advantages
  • Limitations
  • Specimen comparison
• OF Pilot Project Guidelines
  • Key Stakeholders
  • Program Management
  • Program Protocol
  • Consent Form (example)


Oral Fluid Drug Testing

Roadside Screen (Probable Cause) → Confirmation (Evidentiary)

Alabama: 1\textsuperscript{st} State to Offer In-house Confirmation

NMS Labs, Forensic Fluids, Steel Fusion
SOFT/AAFS Oral Fluid FAQ 2.0: Benefits of OF Testing in DUID Case

• Rapid, simple, non-invasive
• No medical professional required, saves time, $
• On-site screening devices are available
• Difficult to adulterate, same-sex observed collection not req’d
• Parent drug &/or metabolites reflects recent drug use
• Most drugs concentrate in OF compared to drugs
• Specimen taken proximate to time of driving
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